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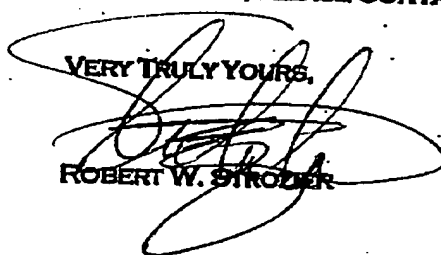
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PTO/SB/45 (03-09)

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Signature Typed or printed name Robert W. Strozier

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Enclosed herewith is the payment of the maintenance fee(s) for the listed patent(s).

1. ☐ A check for the amount of \$ _____ for the full payment of the maintenance fee(s) and any necessary surcharge is enclosed.
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3. ☒ The Director is hereby authorized to charge \$ 2130 to cover the payment of the fee(s) indicated below to Deposit Account No. 501518.
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* Information required by 37 CFR 1.366(c) (columns 1 & 2). Information requested under 37 CFR 1.366(d) (columns 3, 4, & 5).

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| | | | | | 3.5 yrs | 7.5 yrs | 11.5 yrs |
| 1 | 7065967 | 10674073 | 490 | 1640 | <input checked="" type="checkbox"/> | | |
| 2 | | | | | | | |
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☐ additional sheets attached for listing additional patents.

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Respectfully submitted, **

Customer's Signature Customer's Name Robert W. StrozierRegistration Number, if applicable: 34024Telephone: 713-977-7000Fax: 713-977-7011

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